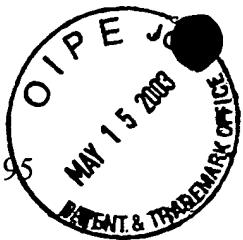


01263.001195



#WPD
5-23-03
L

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
RICHARD IAN TAYLOR) : Examiner: S. H. Azarian
Appln. No.: 09/519,666) : Group Art Unit: 2625
Filed: March 6, 2000) :
For: IMAGE PROCESSING) :
APPARATUS : May 12, 2003

RECEIVED
MAY 16 2003

Technology Center 2600

Mail Stop Non-Fee Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 23313-1450

AMENDMENT

Sir:

Responsive to the Office Action mailed February 12, 2003, the Examiner is respectfully requested to amend the above-identified application in the following manner. The changes to the specification begin at page 2; claims are listed beginning at page 3; the Remarks begin at page 10.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 23313-1450

May 12, 2003
(Date of Deposit)

Leonard P. Diana
(Name of Attorney for Applicant)

UP Diana
Signature _____
May 12, 2003
Date of Signature



2625

In re Application of:

RICHARD IAN TAYLOR

Appln. No.: 09/519,666

Docket No. 001263.001195

Filed: March 6, 2000

Examiner: S. H. Azarian

For: IMAGE PROCESSING APPARATUS

Group Art Unit: 2625

May 12, 2003

Mail Stop Non-Fee Amendment
Commissioner of Patents
P. O. Box 1450
Alexandria, VA 23313-1450

RECEIVED

MAY 16 2003

Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 46	MINUS	** 46	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 6	MINUS	*** 6	= 0	x \$42 \$84	\$0
Fee for Multiple Dependent claims \$140°/\$280						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

 °Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$____ is enclosed.

Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

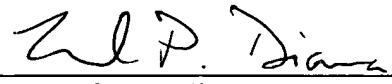
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.

A check in the amount of \$ ____ cover the Extension fee for response with a ____-month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10132-3801
Facsimile: (212) 218-2200
NYMAIN 348579